

CLINICAL ALERT

NOVEMBER | 2022

PharMerica

Amoxicillin & Amoxicillin-Clavulanate Oral Presentations – Drug Shortages

Issue

The U.S. is experiencing an interruption in the dependable availability of **oral amoxicillin** and **amoxicillin-clavulanate (powder for suspension, tablets and capsules)**.

Amoxicillin is a beta-lactam antibiotic often used as first-line therapy for a number of susceptible bacterial infections (i.e., otitis media). Amoxicillin-clavulanate (Augmentin®) features the addition of a beta-lactamase inhibitor that combats a bacterial resistance mechanism.

Currently, oral tablet and capsule forms may still be available in limited supply in your jurisdiction, subject to fair-supply allocation by wholesalers/distributors.

Tablets can be split/crushed, capsules may be opened, and both may be mixed with liquid or soft food (i.e. applesauce) and administered orally or via tube, for those unable to swallow oral solids.

Products Affected

All NDCs of oral amoxicillin and amoxicillin-clavulanate products are being affected, with variable anticipated dates of market availability.

Reason for Shortage

Manufacturers have not provided explicit reasons for shortage.

Industry wide, increased market demand has occurred across the recent period marked by high infection and hospitalization rates. Exhaustion of certain product formulations (i.e., suspension) is increasing demand and causing short supply of other formulations (i.e., tablets and capsules).

Estimated Resupply Date(s)

Anticipated resupply dates vary by manufacturer. Primary manufacturers Hikma, Sandoz and Teva provide an array of resupply dates, ranging from early December 2022 to early January 2023. More information is available from [ASHP](#).

Action Steps

PharMerica Pharmacies

- Monitor for availability of product and complete orders when possible.
- Proactively communicate with serviced facilities to notify stakeholders of ongoing local supply status.
- Notify serviced facilities when prescription orders are unable to be fulfilled due to drug unavailability and provide alternatives as feasible.

Facilities

- Ensure antibiotics are indicated prior to prescribing, as an integral part of antibiotic stewardship.
- Consider watchful waiting and supportive therapy in residents for whom antibiotic therapy is not imperative.
- When notified of drug unavailability, solicit recommendations from prescribers and obtain orders for alternative therapies to switch affected patients.

CLINICAL ALERT

NOVEMBER | 2022

PharMerica

Amoxicillin & Amoxicillin-Clavulanate Oral Presentations – Drug Shortages Abridged Guidance on Alternative Therapies

Alternative empiric antibiotic therapy will be driven by facility local antibiogram and resident-specific therapy will be based on their allergies, swallowing ability, infection/indication and culture and sensitivity (C&S) results.

Amoxicillin and amoxicillin-clavulanate suspension orders unable to be fulfilled should first be switched to solid oral dosage forms *if* available *and* the resident can tolerate.

Potentially Available Oral Solid Dosage Forms

Amoxicillin: oral cap – 250 mg, 500 mg; oral tab – 500 mg, 875 mg; oral chewable tab – 125 mg, 250 mg

Amoxicillin-Clavulanate: oral tab – 250/125mg, 500/125mg, 875/125mg; oral chewable tab – 200/28.5mg, 400/57mg

Tablets can be split/crushed, capsules may be opened, and both may be mixed with liquid or soft food (i.e. applesauce) and administered orally or via tube.

Because these antibiotics affected by the drug shortage are primarily liquid formulations used in pediatrics, the American Academy of Pediatrics (AAP) has published a [resource on alternatives to amoxicillin suspension](#) during shortage. This resource notes:

- Acute otitis media can be treated with **amoxicillin/clavulanate** or **intramuscular ceftriaxone**.
- Community-acquired pneumonia or sinusitis can be treated with **amoxicillin/clavulanate**.
- Group A streptococcus pharyngitis can be treated with **penicillin VK**, **intramuscular penicillin G benzathine x 1** or **cephalexin**.

Refer to evidence-based guidelines, such as those published by the [IDSA](#), for more information on antibiotic options per infection/indication.